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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/5/2012 9:32 AM Fee Receipt: \$115.00

Organization ID # 0579270 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the year 2012

RST

HOME TO	n name and principal office a UCH, INC. ORSVILLE ROAD	ddress	The principal office address and registerer name/office address cannot be changed or form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Onc.	n this e
#111	LE KY 40299			е
egistered Agent	and Registered Office Addre	55 1		
PAMELA D	ECHSNER ORSVILLE ROAD		20-0784195	
LOUISVILL	E, KY 40299	TED WE GO		If not
incipal Officers cified, officer addresses	 List the name, address and true or as cu default to the principal office address. Corp. 	rrent officers. All organizations must us prations are required to list a Secretary	t at least one (1) officer, even in the case of a sole office or other officer serving as records custodian	er. IT NOL
le Officer	PAMELA DE ÉCHSNER	Con Wal	N AGU	
	#/. ~ /R	LE YEST AL	B) 4000 18	
		KAN T	The second secon	
ectors - List the nat tor addresses default to	me and address of all directors (if applicable) the principal office address.	ie).No listing of directors is verification	that the corporation has dispensed with directors. If not	specified,
	1	Kingan 1171	A STATE OF THE STA	
	\$1 F J 18	P IN C 11 TR		
	#1 - 1 P	工作人 打練	F/ ban 18	
		the time		
	N - C 1 0	で、別と	#/_ & * /#	
2. The undersigned	administratively dissolved on Seed states that the grounds foldisents of KRS 2718 42-240	eptember 11, 2012 because solution eithes did not exist	the entity did not file its annual report for the entity's not have been eliminated, and the entity's n	ne year ame
der penalty of peri	ury, the below signed hereby au	horizes the Kentucky Depart Secretary of State, as require	ment of Revenue to release any applicable	e tax 1.14-22
	d entity/please provide a Declar	ationiof Power of Attorney w	th the Reinstatement Application.	12
				i I



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 11/05/2012	
HOME TOUCH, INC.	
Dear Sir/Madam:	
	KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Stacey Miller
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0579270





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

November 5, 2012

HOME TOUCH, INC. 9016 TAYLORSVILLE ROAD #111 LOUISVILLE KY 40299

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOME TOUCH, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Theresa Collins, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0579270

